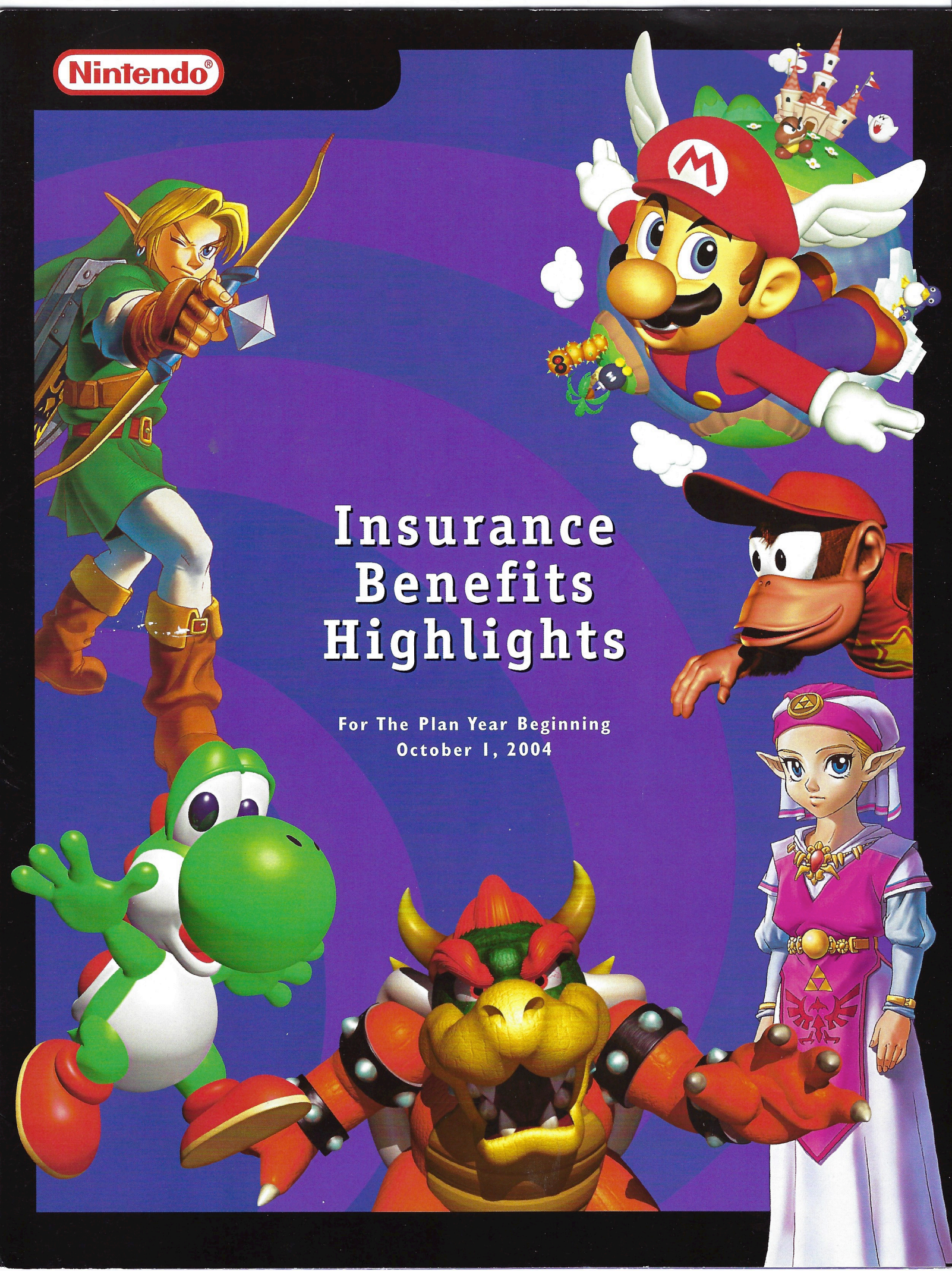
Nintendo®



Insurance Benefits Highlights

For The Plan Year Beginning
October 1, 2004

TO ASSIST YOU WITH YOUR HEALTH CARE SELECTION...

please refer to the following summary of your medical plan options.

	PREMERA BLUE CROSS HERITAGE +1 PLAN	AETNA ELECT CHOICE EPO (OPEN ACCESS) PLAN (WA STATE RESIDENTS ONLY)	GROUP HEALTH HMO PLAN (WA STATE RESIDENTS ONLY)
Annual Deductible	$200 per person $600 per family (deductible doesn't apply to preventive care, vision exams, or prescription drugs)	None	None
Annual Out-of-Pocket Maximum (excludes deductible) Person Family	 $1,500 $1,500 per person (non-network provider charges do not apply)	 $1,500 $3,000	 $2,000 $4,000
Lifetime Maximum Benefit	$2,000,000 per person	None	None
Preadmission Authorization	Not required	Required	Not required
Preexisting Conditions (under federal law, proven coverage under a previous health care plan may apply toward restrictions)	Not covered until you have had medical coverage for 3 consecutive months (6 months for organ transplants)	Not covered until you have had medical coverage for 3 consecutive months (no wait for organ transplants)	Not covered until you have had medical coverage for 3 consecutive months (12 months for organ transplants)
Physician Services (office visits, hospital visits, diagnostic x-ray, lab services and surgery)	80% for network providers; constant 50% for non-network providers	Office visits: 100% after $10 per visit copay Most other services: 100%	Office visits: 100% after $10 per visit copay Most other services: 100%
Preventive Care (physical exams, well-baby care, immunizations)	80% for network providers (immunizations covered in full) up to $500 per calendar year; non-network providers not covered	100%, subject to guidelines, after $10 per visit copay	100% after $10 per visit copay
Vision Exam	80% for network or non-network providers for 1 routine eye exam per calendar year	100% after $10 per visit copay for 1 routine eye exam every 12 months	100% after $10 per visit copay for 1 routine eye exam every 12 months
Hospital Care Inpatient, semi-private room and board Outpatient	 80% for network providers; constant 50% for non-network providers 80% for network providers; constant 50% for non-network providers	 100% 100%	 100% 100% after $10 per visit copay

Did you know that all plans, as required by the Women's Health and Cancer Rights Act of 1998, provide benefits for mastectomy-related services including reconstruction and surgery to acheive symmetry between the breasts, prostheses, and treatment of complications resulting from a mastectomy (including lymphedema)? Call your plan for more information.

...AND THERE'S MORE

While good medical and dental benefits are important, Nintendo provides programs to help you balance your work and home life and protect your family's financial health, too. We offer a wide array of benefits to help support you and your family's well-being in times of need.

BASIC LIFE INSURANCE FOR YOU*

In the event of your death, this plan will pay your beneficiary 4 times your annual base salary (maximum benefit $1,000,000). The Life Insurance Plan also entitles you to receive a portion of the benefit in advance if you are diagnosed as having a terminal illness with a life expectancy of less than a year. Nintendo pays the entire cost of this benefit and you are automatically enrolled.

LONG TERM DISABILITY FOR YOU

To receive long term disability benefits, you must be disabled for 90 consecutive days. This plan works with other sources of income to replace 60% of your base earnings if you become sick or injured and cannot work. Nintendo pays the entire cost of this benefit and you are automatically enrolled.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) FOR YOU*

This plan pays a benefit to your beneficiary in the event of your accidental death—4 times your annual base salary (maximum benefit $1,000,000)—or pays a benefit to you if you sustain a serious injury due to an accident. This plan is *in addition to* any benefits paid by the Life Insurance Plan. Nintendo pays the entire cost of this benefit and you are automatically enrolled.

FLEXIBLE SPENDING ACCOUNTS (HEALTH CARE FSA/ DEPENDENT CARE FSA)

Flexible Spending Accounts let you reduce your income taxes by setting aside before-tax dollars from your earnings (not subject to federal, Social Security, or Medicare taxes) to pay for eligible dependent care expenses and non-reimbursable medical, dental, and vision expenses. You must re-enroll each plan year for these benefits.

*Be sure to keep your beneficiary designations for relevant plans up-to-date. Forms are available from the Human Resources department.

VOLUNTARY AD&D FOR YOU, YOUR SPOUSE AND CHILDREN*

Additional AD&D coverage is available for you, or for you and your eligible family members. Coverage is available in increments of $10,000, up to $500,000, payable through convenient payroll deductions.

Coverage amounts for your spouse and/or children are based on the amount of coverage you select:

- **Spouse** With no child coverage, 50% of the employee coverage amount (not to exceed $250,000); with child coverage, 40% of the employee amount (not to exceed $200,000)
- **Child** With no spouse coverage, 15% of the employee coverage amount; with spouse coverage, 10% of employee amount.

EMPLOYEE ASSISTANCE PROGRAM (EAP) FOR YOU AND YOUR FAMILY MEMBERS

At times, we all need help balancing our work and personal lives—and sometimes knowing who to ask for help is the hardest part. With VMC Connect—Nintendo's EAP provider—you don't need to handle these challenges alone. VMC Connect helps you and your family access resources for managing an array of issues such as:

- Emotional, personal and stress-related concerns
- Child care and parenting needs
- Marriage, family and relationship problems
- Alcohol and substance abuse
- Financial and/or legal consultations
- Elder care
- Academic and financial aid referrals.

VMC Connect services are confidential and free to you (as a full-time or part-time employee) and your eligible family members, including your parents.

MONTHLY COSTS FOR MEDICAL, DENTAL, AND VISION HARDWARE

(Effective October 1, 2004 through September 30, 2005)

	MEDICAL	DENTAL	VISION	TOTAL COST	YOUR COST
PREMERA BLUE CROSS HERITAGE +1					
Employee	$ 306.80	$ 41.06	$ 7.70	$ 355.56	$ 35.54
Employee & Spouse	685.60	90.40	16.94	792.94	188.64
Employee & Child(ren)	687.22	93.36	16.44	797.02	190.04
Employee & Family	1,066.00	142.72	25.70	1,234.42	343.14
AETNA ELECT CHOICE EPO (OPEN ACCESS)					
Employee	$ 254.00	$ 41.06	$ 7.70	$ 302.76	$ 30.26
Employee & Spouse	558.70	90.40	16.94	666.04	157.42
Employee & Child(ren)	488.56	93.36	16.44	598.36	133.72
Employee & Family	838.14	142.72	25.70	1,066.56	276.58
GROUP HEALTH HMO					
Employee	$ 301.26	$ 41.06	$ 7.70	$ 350.02	$ 34.98
Employee & Spouse	643.56	90.40	16.94	750.90	175.32
Employee & Child(ren)	615.80	93.36	16.44	725.60	166.44
Employee & Family	958.14	142.72	25.70	1,126.56	306.78

Nintendo pays a substantial portion of the cost for you and your covered family members for medical, dental, and vision hardware coverage. Your monthly cost will be deducted from your paycheck on a before-tax basis—that is before federal, Social Security, and Medicare taxes are calculated—unless you elect otherwise.

YOUR MEDICAL PLAN CHOICES

Nintendo offers eligible employees a choice of 3 medical plans. Employees living outside of Washington state must choose the Premera Blue Cross Heritage +1 Plan.

These 3 plans differ in the way you access care and the providers available to you:

PREMERA BLUE CROSS HERITAGE +1 PLAN covers services from any licensed doctor or hospital. The plan pays higher benefits for services received from providers within the Heritage network in Washington, preferred or participating providers in Alaska, and providers outside of Washington and Alaska who participate within the Blue Cross/Blue Shield Association network.

AETNA ELECT CHOICE EPO (OPEN ACCESS) PLAN* covers services received from an Aetna Elect Choice EPO (Open Access) provider. In most cases, you are not required to select a primary care physician, nor are referrals from a primary care physician required.

GROUP HEALTH HMO PLAN* covers only services received from this HMO's health care providers or through referrals from the primary care physician. A referral may be required to access services provided by specialists.

***Non-emergency and non-urgent services rendered outside the network are generally not covered. Call the health plan for details.**

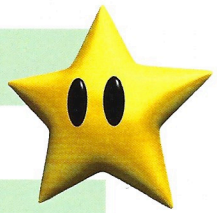
	PREMERA BLUE CROSS HERITAGE +1 PLAN	AETNA ELECT CHOICE EPO (OPEN ACCESS) PLAN (WA STATE RESIDENTS ONLY)	GROUP HEALTH HMO PLAN (WA STATE RESIDENTS ONLY)
Emergency Room Care (copay waived if admitted directly to hospital)	80% after $50 per visit copay (deductible applies)	100% after $50 per visit copay	100% after $75 per visit copay ($125 copay out-of-network, no waiver)
Prescription Drugs (copay doesn't apply toward out-of-pocket maximum)	Participating pharmacy: 100% after copay, per 30-day supply as follows: $10 generic, $20 preferred brand, $40 non-preferred brand Non-participating pharmacy: 60% Mail order prescription drugs: 100% after copay, per 90-day supply as follows: $20 generic, $40 preferred brand, $80 non-preferred brand	100% after copay, per 30-day supply as follows: $10 generic, $20 formulary brand (when no generic available), $35 non-formulary brand Mail order prescription drugs: 100% after copay, per 90-day supply as follows: $20 generic, $40 formulary brand, $70 non-formulary brand	100% after copay, per 30-day supply as follows: $10 generic, $20 formulary brand Mail order prescription drugs: 100% after copay, per 90-day supply as follows: $30 generic, $60 formulary brand
Chiropractic Services (covered only when acting within scope of license)	80% for network providers; constant 50% for non-network providers; up to 12 visits per calendar year	100% after $10 per visit copay, up to 20 visits per calendar year	100% after $10 per visit copay, up to 10 visits per calendar year
Alternative Care Providers (naturopath, acupuncturist, dietician/nutritionist)	Coverage varies by practitioner; call the plan for details	100% after $10 per visit copay	100% after $10 per visit copay (subject to limited visits)
Rehabilitation (physical therapy, massage therapy)	80% for network providers; constant 50% for non-network providers; up to 30 inpatient days/45 outpatient visits per calendar year	In or outpatient: 100% after $10 copay for preferred providers; not covered for non-preferred providers; up to 60 visits per calendar year	Inpatient: 100%, up to 60 days per condition per calendar year Outpatient: $10 copay, up to 60 visits per condition per calendar year
Mental Health Care	80% for network providers; constant 50% for non-network providers; up to 14 inpatient days/50 outpatient visits per calendar year	Inpatient: 100%, up to 30 days per calendar year Outpatient: 100% after $10 per visit copay, up to 20 visits per calendar year	Inpatient: 80%, up to 12 days per calendar year Outpatient: 100% after $20 (individual/family/couple session) or $10 (group session) per visit copay, up to 20 visits per calendar year Does not apply to out-of-pocket maximum
Substance Abuse/Chemical Dependency Treatment	80% for network providers; constant 50% for non-network providers (subject to per person maximum of $11,841 per consecutive 24-month period)	100% after $10 per visit copay for outpatient care; no copay for inpatient (subject to per person maximum of $15,000 per calendar year)	100% after $10 per visit copay for outpatient care; no copay for inpatient (subject to per person maximum of $11,841 per consecutive 24-month period)
Most Other Covered Expenses	80% for network providers 50% for non-network providers	100% after applicable copay	100% after applicable copay

BECAUSE THIS BROCHURE PROVIDES ONLY A SUMMARY of your Nintendo insurance benefits, refer to your employee benefit plan booklets and insurance certificates for more details (or contact Human Resources). The Company reserves the right to change, amend, delete, revise, or terminate any or all benefits described here. In case of conflict, the plans' official documents and contracts will govern. This booklet is not an employment contract or a guarantee to continue employment for any period of time.

DENTAL COVERAGE FOR YOU AND YOUR FAMILY MEMBERS

Through Washington Dental Service (WDS)

Deductible (per calendar year)	$25 per person; $75 per family
Maximum Benefit (per calendar year)	$1,500 per person
Choice of Dentists	Any dentist (out-of-pocket costs are usually less with member dentists)
PLAN FEATURE	**PLAN PAYS**
Diagnostic & Preventive Services (for example, routine exams and cleaning, x-rays, fluoride treatment through age 19)	100%, no deductible required
Basic Services (for example, fillings, oral surgery, root canals)	80%, after deductible
Major Services (for example, crowns, bridgework, onlays, dentures)	50%, after deductible
Orthodontic Services	50%, lifetime maximum $2,000, no deductible required (preauthorization required)



VISION HARDWARE COVERAGE FOR YOU AND YOUR FAMILY MEMBERS

Through Premera Blue Cross

PLAN FEATURE	PLAN PAYS
Eyeglass lenses Frames Contact lenses	$300 every 2 consecutive calendar years

Vision exams are available for you and enrolled family members through your medical plan.

FOR QUESTIONS ABOUT:	CONTACT:
Covered expenses, limitations, exclusions Specific conditions or treatment Provider information and directories Claims	Premera Blue Cross: (800) 722-1471 • www.premera.com Blue Cross/Blue Shield Association: (800) 810-2583 • www.bluecares.com Group Number: 1002660 Aetna: (877) 204-9186 • www.aetna.com Group Number: 883576 Group Health: (888) 901-4636 • www.ghc.org Group Number: 12010 Washington Dental Service: (800) 238-3107 • www.deltadentalwa.com Group Number: 5930
Eligibility or Enrollment Long Term Disability benefits Life and AD&D Insurance	Human Resources: (425) 861-2154
EAP	VMC Connect: (800) 843-1327 • www.vmceap.com
Flexible Spending Accounts	Flex Plan Services: (800) 669-3539 • www.flex-plan.com

WHO'S ELIGIBLE

If you're a full-time employee scheduled to work at least 30 hours a week, you may enroll yourself, your spouse, and your eligible children (up to age 23 only, in most cases) in medical coverage. Enrollment in a Nintendo medical plan automatically includes enrollment in dental and vision hardware coverage as well. (*Medical only*, *dental only*, or *vision hardware only* coverage is not allowed.)

Our annual open enrollment period is your only chance each year to change your benefit elections, unless you or your eligible family members experience a "change in family status" (including marriage, birth, divorce, loss of coverage for spouse, open enrollment period for spouse, etc.). Generally, you must notify Human Resources within 31 days of a change in family status to change your elections outside of the annual open enrollment period.